

DAY HAB BUS CHECKLIST

Service Period: Begin ___ / ___ / ___ **End** ___ / ___ / ___ **Current Mileage** _____

Administrator: _____

Initial all items completed. All Problems must be reported to Supervisor immediately.

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Outside of Vehicle-Visual Inspection							
1. Check for any body damage including tires and wheels							
2. Check position of Mirrors/Adjust If needed							
3. Check tire pressure and wear							
4. Check under vehicle for any fluid Leakage.							
5. Check lights making sure all in working order.							
6. Under hood fluid inspection/oil level, windshield washer fluid. Fill if low							
Inside of Vehicle							
1. Emergency Equipment in place Fire extinguisher/First Aid Kit							
2. Interior clean, Upholstery clean, tears. Sweep if necessary							
3. Check all gauges and signals Including horn and back up signal							
4. Check seatbelts all in working order.							
5. Inventory Strap downs. Report any missing items from box							

Quarts of Oil added if any _____

List all Damages or Items Needed _____

TURN IN WITH TIMESHEET WEEKLY